Health care centres in desert and tribal areas

3530. PROF. M.M. AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the number of Health Care Centres in the desert and tribal areas of the country are inadequate to provide basic health facilities to the poor people of such areas;

(b) if so, whether Government have formulated any specific scheme for tribal areas of the country; and

(c) the steps being taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) The Government is aware of the shortage of Sub Centres, Primary Health Centres and Community Health Centres in the tribal areas of the country. There are 21249 Sub-Centres, 3540 Primary Health Centres and 588 Community Health Centres functioning in tribal areas against requirements of 26243, 3999 and 870 respectively.

(b) and (c) Department of Family Welfare has recently formulated a strategy for RCH Programme in the tribal areas.

In the strategy, initially 9 States have been selected for Pilot Projects for Primitive Tribal Groups and Non-Primitive Tribal Groups. The States are Andhra Pradesh, Orissa, Rajasthan, West Bengal, Maharashtra, Jharkhand, Madhya Pradesh, Chhattisgarh and Gujarat. The States of West Bengal, Orissa, Jharkhand, Madhya Pradesh, Rajasthan and Maharashtra have initiated action for preparation of the Pilot Projects, under Sector Investment Programme.

North-Eastern States, including Sikkim, have also been included under Sector Invesetment Programme. The Projects have been initiated in the States of Assam, Mizoram, Meghalaya and Manipur. Action for the preparation of Project proposals has been initiated in the States of Arunachal Pradesh, Tripura and Sikkim. For Nagaland State, the process of constitution of the Committee has started.

Appointment of Medical Officers-III to promote Ayurveda in UP

3531. SHRI DARA SINGH CHAUHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Medical Officers-III were appointed to promote Ayurveda by Government of UP but the post was abolished later on;

(b) whether as per State Government order the above doctors are entitled for promotion and selection grade, as available to medical officers in Ayurveda and Unani;

(c) whether the above doctors have been given benefits of promotion and selection grade; and

(d) if not, the reasons therefor and by when they would be provided all benefits as per rules?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (d) Information is being collected and will be laid on the Table of the Sabha.

Promotion of Medical Officer-III in UP

3532. SHRI DARA SINGH CHAUHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether as per orders of Government of U.P. Medical Officer-III in the grade of Rs. 8000-13500 are entitled for promotion in the scale of Rs. 10000-15300 and Rs. 12000-16500 after 8 and 14 years of service respectively;

(b) whether the above benefit has been denied to some senior doctors while their juniors have already been given the above benefit;

(c) if so, the reasons for denying promotion to some senior doctors; and

(d) by when they would get their due promotion?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (d) Health being a State subject under the Constitution of India, such information is not maintained by this Ministry.

Use of emergency contraceptive

3533. SHRI YADLAPATI VENKAT RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are shortly introducing an emergency contraceptive in urban areas after proper training of doctors and health workers;

(b) whether the emergency contraceptive is a new device of family planning;

(c) if so, the salient features thereof;

(d) whether this contraceptive will be introduced in rural areas also; and

(e) if so, the details in this regard?